

TIME		INVESTIGATING OFFICER'S REPORT OF TRAFFIC ACCIDENT															Page 1 of 2										
LOCATION		DATE OF CRASH: 01-01-2014		DAY OF WEEK: Wednesda		TIME: 1234		DLD NO. CASE NO. TEST		DPS CASE NUMBER																	
		LE NOTIFIED		ARRIVED		COMPLETED		EMS NOTIFIED ARRIVED		1ST SUBMIT TO UDPS		LAST SUBMIT TO UDPS		GENERATED		VEHICLES LANES WORK ZONE? WORKERS? FIELD DIAGRAM VIDEO PHOTOS											
										01-30-14		01-30-14 0800		2		2		NO		NO		NO		NO		NONE	
CODES		COUNTY 035 CITY OR TOWN _____ miles _____ of SALT LAKE CITY										LATITUDE		LONGITUDE													
		ROAD, STREET, HWY CRASH OCCURRED TEST										UDOT USE ONLY		REPORTABLE													
		LOCATION ON ROAD, STREET, HWY _____ feet _____ of _____																									
		MILEPOST _____ tenth(s) of a mile _____ of Mile Post _____																									
DIAGRAM		1 SEVERITY	02 Possible injury					26 LIGHT CONDITION	01 Daylight					32 NON-MOTORIST LOCATION	96 Not Applicable												
		12 WORK ZONE TYPE	96 Not Applicable/No Work Zone					27 ROADWAY SURFACE CONDITION	01 Dry					33 HORIZONTAL ALIGNMENT	01 Straight												
		13 WORK ZONE LOCATION	96 Not Applicable/No Work Zone					28 ROADWAY JUNCTION/FEATURE	01 Bridge (overpass/underpass)					34 VERITCAL ALIGNMENT	01 Level												
		22 MANNER OF COLLISION	01 Angle					29 ROAD JURISDICTION	01 State (I, US, SR)					35 PAVEMENT TYPE	01 Concrete												
		23 ROADWAY CONTRIBUTING CIRCUMSTANCES	01 Debris					30 NON-MOTORIST ACTION	96 Not Applicable					36 LOCATION OF FIRST HARMFUL EVENT	01 On Roadway												
		25 WEATHER CONDITION	01 Clear					31 NON-MOTORIST CONTRIBUTING CIRCUMSTANCES	96 Not Applicable					37 FIRST HARMFUL EVENT	20 Other Motor Vehicle in Transport												
		<div style="text-align: right; margin-bottom: 10px;">NR-35 NB</div>																									
		<div style="text-align: center; margin-bottom: 10px;">TEST</div>																									
NARRATIVE																											

OFFICER'S RANK AND NAME

ID #

DEPARTMENT

CASE NUMBER

DPS CASE NUMBER

SUPERVISOR

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TEST

TEST

TIME		INVESTIGATING OFFICER'S REPORT OF TRAFFIC ACCIDENT												Page 2 of 2													
DATE OF CRASH: 01-01-2014		DAY OF WEEK: Wednesday		TIME: 1234		DLD NO. CASE NO. TEST		DPS CASE NUMBER																			
LE NOTIFIED		ARRIVED		COMPLETED		EMS NOTIFIED		ARRIVED		1ST SUBMIT TO UDPS		LAST SUBMIT TO UDPS		GENERATED		VEHICLES LANES WORK ZONE? WORKERS? FIELD DIAGRAM VIDEO		PHOTOS									
										01-30-14		01-30-14 0800		2		2		NO		NO		NO		NO		NONE	
CODES		2 01 MOTOR VEHICLE BODY TYPE Passenger Car (2 door)		7 01 MOST DAMAGED AREA Passenger Side Front		14 01 DIRECTION OF VEHICLE TRAVEL North		18 01 VEHICLE MANEUVER Straight Ahead																			
3 01 TRAILING UNITS Utility Trailer		8 01 EXTENT OF DEFORMITY-MOST DAMAGED AREA Minor		15 01 VEHICLE CONTRIBUTING CIRCUMSTANCES Brakes		19 01 DRIVER DISTRACTION Cell Phone																					
4 96 CARGO BODY TYPE Not Applicable		9 01 ALCOHOL/DRUG USE SUSPECTED Alcohol		16 01 DRIVER CONDITION Appearing Normal		20 01 TRAFFIC CONTROL DEVICE Traffic Signal																					
5 00 SPECIAL FUNCTION OF MOTOR VEHICLE None		10 01 ALCOHOL/DRUG TEST Refused		17 01 DRIVER CONTRIBUTING CIRCUMSTANCES Exceeded Posted Speed Limit		21 01 ROADWAY DESCRIPTION Two-Way, Not Divided																					
6 01 AREA OF INITIAL IMPACT Passenger Side Front		11 01 TEST RESULTS Alcohol-Pos		17 00 DRIVER CONTRIBUTING CIRCUMSTANCES None		24 01 VISUAL CONTRIBUTING CIRCUMSTANCES Weather Condition																					
VEH# 1 VIN		PLATE		STATE		EXPIRATION		COLOR		MAKE		MODEL		YEAR 0		OCC 1											
DRIVER NAME / ADDRESS		PHONE																									
DL NUMBER		CLASS		ENDORSEMENTS		RESTRICTIONS		DL EXPIRATION		DATE OF BIRTH 01-01-00		AGE 14		CHARGES													
OWNER NAME / ADDRESS		PHONE																									
CARRIER NAME / ADDRESS		CDL PRESENTED AT SCENE NO		PHONE																							
US DOT #		CVSA INSPECTION #		OPERATING AUTHORITY (ICC)		WEIGHT		HAZMAT		RELEASED		CARGO		PURPOSE OF USE NOT PROVIDED													
#1 TRAILER PLATE #		STATE		EXPIRATION DATE		LENGTH		#2 TRAILER PLATE #		STATE		EXPIRATION DATE		LENGTH		#3 TRAILER PLATE #		STATE		EXPIRATION DATE		LENGTH					
SPEED		POSTED		ADVISORY		TRAVEL		IMPACT		ESTIMATED BY null null		1 (20) Other Motor Vehicle in Transport		2 (96) Not Applicable (used only to fill unused)		3 (96) Not Applicable (used only to fill unused)		4 (96) Not Applicable (used only to fill unused)		Most Harmful (20) Other Motor Vehicle in Transport							
ESTIMATE 01 \$1-\$999		DISPOSITION 01 Retained by Driver		TOWED BY		INSURANCE COMPANY		EFFECTIVE DATE		EXPIRATION DATE																	
POLICY NUMBER		AGENCY THAT SOLD POLICY		APPEARS VALID NO		PHONE																					
CODES		2 02 MOTOR VEHICLE BODY TYPE Passenger Car (4 door)		7 02 MOST DAMAGED AREA Passenger Side Door		14 02 DIRECTION OF VEHICLE TRAVEL South		18 02 VEHICLE MANEUVER Backing																			
3 02 TRAILING UNITS Boat Trailer		8 02 EXTENT OF DEFORMITY-MOST DAMAGED AREA Moderate		15 02 VEHICLE CONTRIBUTING CIRCUMSTANCES Steering		19 02 DRIVER DISTRACTION Radio/CD/DVD etc																					
4 96 CARGO BODY TYPE Not Applicable		9 02 ALCOHOL/DRUG USE SUSPECTED Drugs		16 02 DRIVER CONDITION Illness/Medical		20 02 TRAFFIC CONTROL DEVICE Flashing Traffic Signal																					
5 00 SPECIAL FUNCTION OF MOTOR VEHICLE None		10 02 ALCOHOL/DRUG TEST Alcohol		17 02 DRIVER CONTRIBUTING CIRCUMSTANCES Too Fast for Conditions		21 02 ROADWAY DESCRIPTION Two-Way, Not Divided With a Continuous Left Turn																					
6 02 AREA OF INITIAL IMPACT Passenger Side Door		11 02 TEST RESULTS Drug-Pos		17 00 DRIVER CONTRIBUTING CIRCUMSTANCES None		24 02 VISUAL CONTRIBUTING CIRCUMSTANCES Physical Obstruction																					
VEH# 2 VIN		PLATE		STATE		EXPIRATION		COLOR		MAKE		MODEL		YEAR 0		OCC 1											
DRIVER NAME / ADDRESS		PHONE																									
DL NUMBER		CLASS		ENDORSEMENTS		RESTRICTIONS		DL EXPIRATION		DATE OF BIRTH 01-23-45		AGE 68		CHARGES													
OWNER NAME / ADDRESS		PHONE																									
CARRIER NAME / ADDRESS		CDL PRESENTED AT SCENE NO		PHONE																							
US DOT #		CVSA INSPECTION #		OPERATING AUTHORITY (ICC)		WEIGHT		HAZMAT		RELEASED		CARGO		PURPOSE OF USE NOT PROVIDED													
#1 TRAILER PLATE #		STATE		EXPIRATION DATE		LENGTH		#2 TRAILER PLATE #		STATE		EXPIRATION DATE		LENGTH		#3 TRAILER PLATE #		STATE		EXPIRATION DATE		LENGTH					
SPEED		POSTED		ADVISORY		TRAVEL		IMPACT		ESTIMATED BY null null		1 (20) Other Motor Vehicle in Transport		2 (96) Not Applicable (used only to fill unused)		3 (96) Not Applicable (used only to fill unused)		4 (96) Not Applicable (used only to fill unused)		Most Harmful (20) Other Motor Vehicle in Transport							
ESTIMATE 02 \$1000 or more		DISPOSITION 01 Retained by Driver		TOWED BY		INSURANCE COMPANY		EFFECTIVE DATE		EXPIRATION DATE																	
POLICY NUMBER		AGENCY THAT SOLD POLICY		APPEARS VALID NO		PHONE																					
Driver 1		VEH# NAME / ADDRESS												PHONE		AGE DOB 14 01-01-00		BAC		SEX M		TRANSPORTED TO Cottonwood		01			
01 PERSON TYPE Driver		11 SEATING POSITION Front		01 INJURY LEVEL No injury		01 INJURY AREA Head		01 INJURY CAUSE Steering Wheel		01 TRANSPORTED BY Not Transported																	
01 SAFETY EQUIPMENT Lap & shoulder		01 USED PROPERLY Yes		01 AIRBAG Not Deployed		01 EJECTION Totally Ejected		01 EJECTION PATH Windshield		01 EXTRICATION Not Extricated																	
Driver 2		VEH# NAME / ADDRESS												PHONE		AGE DOB 68 01-23-45		BAC		SEX F		TRANSPORTED TO Salt Lake		02			
01 PERSON TYPE Driver		11 SEATING POSITION Front		02 INJURY LEVEL Possible injury		02 INJURY AREA Face		02 INJURY CAUSE Dash/Windshield		02 TRANSPORTED BY Ambulance																	
02 SAFETY EQUIPMENT Shoulder belt only		02 USED PROPERLY No		02 AIRBAG Deployed - Front		02 EJECTION Partially Ejected		02 EJECTION PATH Side Window/Door		02 EXTRICATION Extricated																	